

**Annual Report of the  
State Primary Care Grants Program for Medically Underserved Populations  
For State Fiscal Year 1999-2000**

Executive Summary:

The goal of the State Primary Care Grants Program for Medically Underserved Populations<sup>1</sup> (SPCGP) is to provide continuous, high quality, cost-effective primary health care services to eligible medically underserved populations. This program targets Utah's low-income families, who are without health insurance or who have health insurance that does not cover primary health care services, and who cannot qualify for Medicare, Medicaid, CHIP, or other government insurance programs. The intent of the SPCGP is to increase organizational capacity so that the awarded projects are able to serve more eligible individuals and other disadvantaged populations. It is also expected that the increased organizational capacity will, in most cases, facilitate expanded services to individuals who have Medicaid, Medicare, CHIP, or private insurance. This will allow the projects to finance increases in organizational capacity for all medically underserved populations.

In State Fiscal Year (SFY) 1999-2000 eleven projects were funded, totaling \$480,203. These eleven projects received funding ranging from \$2,500 to \$137,107. A map showing the counties served by these projects is found in Appendix 5. Tables and graphs describing these projects are also found in the body of the report. Information about the projects just awarded for the SFY 2000-2001 projects and historical information about the projects funded in previous years is also presented in the report.

Some highlights of the SFY 1999-2000 program include:

- ! Statewide the SFY 1999-2000 projects served 4,816 individuals (155% of the expected 3,098 individuals, with 9,573 encounters (123% of the expected 7,809 encounters).
- ! Of those served during SFY 1999-2000, 12% of the individuals and 7% of the encounters (uninsured and underinsured) were supported by SPCGP funding.
- ! Tracked target populations<sup>2</sup> served by the SPCGP included 3,173 working poor individuals, 1,377 uninsured Children (i.e. they have no insurance and are not eligible for CHIP or Medicaid), 249 underinsured children (i.e. children who had insurance, CHIP coverage, or Medicaid, but received a service not covered by their insurance), 1,202 individuals with limited English-speaking proficiency; 769 homeless individuals; 670 Native Americans, 549 individuals with chronic diseases; 223 elderly, 221 single head of household, and 203 migrant and seasonal farmworkers;
- ! Most of the projects targeted adults between 20 and 64 and allowed CHIP to pay for the services they provided to children. However, two projects (Dee Elementary School-based Clinic in Ogden operated by Midtown Community Health Center and Family Dental Plan) targeted pre-school and school age children. As a result the percentage of adults age 20-64 went down from 69% in SFY 1998-1999 to 61% in SFY 1999-2000 and the percentage of children age 0-19 went up from 26% to 34%.
- ! There were slightly more females (56%) than males (44%) served.
- ! The number of Ethnic individuals served are somewhat skewed because several projects have targeted Hispanics (29% of the individuals and 31% of the encounters) and Native Americans (14% of the individuals and 19% of the encounters) and their disproportionate needs.
- ! Projects provide a wide variety of primary care services. These have been divided into six general groups -- primary health care services, obstetric/gynecological care, dental services, mental health services, other health related services, and enabling services. In SFY 2000, there were six projects that provided a comprehensive mix of primary care services, although dental care was not available in all these projects. The remaining five projects concentrated on a specific type of care, such as

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<sup>1</sup> See Appendix 1 for a copy of the Act and Appendix 2 for the associated Administrative Rule that govern the SPCGP.

<sup>2</sup> Projects were not required to track all of the target populations. Therefore, some target populations are under-reported.

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dental care, mental health care, diabetes education, and reproductive health.

- ! The amount charged per encounter to SPCGP for the services provided under the grant contract varies widely depending on the services the project is providing, how much the project is receiving from other sources to serve these patients, and the type of patients they are serving. The actual grant charges and costs cannot be compared for these reasons.

Program objectives are for the funded projects to:

- ! Improve the health of eligible individuals served by a funded project.
- ! Provide continuity of care to eligible individuals who receive ambulatory primary care services through a funded project.
- ! Increase the number of eligible individuals served in the target populations.
- ! Increase the number of eligible encounters with target populations.
- ! Increase the organizational capacity of the applicant to provide ambulatory primary health care services of eligible individuals and their families by increasing ongoing and long-term capacity.

The Children's Health Insurance Plan (CHIP) began accepting applications on August 3, 1998. Until that date ALL SPCGP funding covered all services for children. After that date, projects were expected to refer children who appeared to be CHIP eligible to CHIP. The hope was that most of the children who were served with SPCGP funding would be served with CHIP funding in the future. As a result the SPCGP funding could be used to serve more uninsured adults.

Unfortunately this hope has only been partially realized. Some of the larger projects that provide comprehensive primary care services have been able to move some of their SPCGP children to CHIP or Medicaid as a result of a massive effort to inform the parents of the children of the availability of CHIP and referrals to CHIP/Medicaid. However, according to the project directors, in most cases CHIP has had little impact on SPCGP funded projects.

The SPCGP was authorized by the 1993 Utah State Legislature SPCGP (Utah Code Annotated, Section 26-18, Part 3). However, *no funding was provided until 1996*. Since then funding has been provided each year as *one-time funding*. The Legislature appropriated \$350,000 for State Fiscal Years (SFY) 1996-1997 and 1997-1998 and \$500,000 for SFY 1998-1999, 1999-2000, and 2000-2001. The lack of ongoing funding is hampering effective planning for multiyear funding to meet the goal of providing continuous primary health care services through the SPCGP. It also makes administration of the program more difficult. Between 3% and 6% has been used for administrative funding and the remaining amount has been awarded through a competitive grant application process each year. Total funding requests have ranged from \$500,000 (in a year when \$350,000 was appropriated) to over \$1,200,000.

As per UCA § 68-3-14, this Executive Summary has been placed on the Utah Department of Health, Bureau of Primary Care, Rural, and Ethnic Health's web site at: [www.primarycareutah.org](http://www.primarycareutah.org). Copies of the full report have been provided to Mark Andrews and are also available from our office. If you, or any member of your committee, have any questions regarding this report, or the State Primary Care Grants Program for Medically Underserved Populations, please feel free to contact us at (801) 538-6113.